

OIL CONSERVATION DIVISION  
PO Box 2088  
Santa Fe, NM 87504-2088

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address A.A. OILFIELD SERVICE, INC. P O BOX 5208 HOBBS, NM 88241		OGRID Number 000028
		Reason for Filing Code SALVAGE OIL FROM SALT WATER DISPOSAL SYSTEM, APPROX 600 BBLs
API Number 30 - 025-23786	Pool Name SWD; SAN ANDRES	Pool Code 96121
Property Code 00007	Property Name STATE "AB" SWD	Well Number 1

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South Line	Feet from the	East/West line	County
C	3	19S	37E	3	660	NORTH	1980	WEST	LEA

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County

Lea Code S	Producing Method Code SWD	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date
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III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
020445	SCURLOCK OIL COMPANY BOX 3119 MIDLAND, TX 79702-3119	2808464	0	3-19S-37E

IV. Produced Water

POD 2808464	POD ULSTR Location and Description
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V. Well Completion Data

Spud Date 5-25-71	Ready Date	TD 8170	PBTD 5700	Perforations 4897-4919
Hole Size 11	Casing & Tubing Size 8 5/8	Depth Set 1680	Sacks Cement 475	

VI. Well Test Data

Date New Oil N/A	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Cog. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: *Freeman Young*

Printed name: FREEMAN YOUNG

Title: FIELD SUPERVISOR

Date: 8-7-97 Phone: (505) 392-2577

OIL CONSERVATION DIVISION  
ORIGINAL SIGNED BY CHRIS WILLIAMS  
DISTRICT I SUPERVISOR

Approved by: \_\_\_\_\_

Title: \_\_\_\_\_

Approval Date: **AUG 13 1997**

If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date
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